



CID : 2332920502
Name : MR.DEEPESH SINGH
Age / Gender : 31 Years / Male
Consulting Dr. : -
Reg. Location : Bhayander East (Main Centre)

Collected : 25-Nov-2023 / 08:37
Reported : 25-Nov-2023 / 13:09

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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

CBC (Complete Blood Count), Blood

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
<u>RBC PARAMETERS</u>			
Haemoglobin	13.9	13.0-17.0 g/dL	Spectrophotometric
RBC	4.84	4.5-5.5 mil/cmm	Elect. Impedance
PCV	41.4	40-50 %	Measured
MCV	86	80-100 fl	Calculated
MCH	28.8	27-32 pg	Calculated
MCHC	33.6	31.5-34.5 g/dL	Calculated
RDW	13.8	11.6-14.0 %	Calculated
<u>WBC PARAMETERS</u>			
WBC Total Count	5040	4000-10000 /cmm	Elect. Impedance
<u>WBC DIFFERENTIAL AND ABSOLUTE COUNTS</u>			
Lymphocytes	21.7	20-40 %	
Absolute Lymphocytes	1093.7	1000-3000 /cmm	Calculated
Monocytes	10.8	2-10 %	
Absolute Monocytes	544.3	200-1000 /cmm	Calculated
Neutrophils	63.6	40-80 %	
Absolute Neutrophils	3205.4	2000-7000 /cmm	Calculated
Eosinophils	3.2	1-6 %	
Absolute Eosinophils	161.3	20-500 /cmm	Calculated
Basophils	0.7	0.1-2 %	
Absolute Basophils	35.3	20-100 /cmm	Calculated
Immature Leukocytes	-		
WBC Differential Count by Absorbance & Impedance method/Microscopy.			
<u>PLATELET PARAMETERS</u>			
Platelet Count	174000	150000-400000 /cmm	Elect. Impedance
MPV	11.0	6-11 fl	Calculated
PDW	22.5	11-18 %	Calculated
<u>RBC MORPHOLOGY</u>			
Hypochromia	-		
Microcytosis	-		



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Macrocytosis -
Anisocytosis -
Poikilocytosis -
Polychromasia -
Target Cells -
Basophilic Stippling -
Normoblasts -
Others Normocytic, Normochromic
WBC MORPHOLOGY -
PLATELET MORPHOLOGY -
COMMENT -

Specimen: EDTA Whole Blood

ESR, EDTA WB-ESR 8 2-15 mm at 1 hr. Sedimentation

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Collected : 25-Nov-2023 / 08:37
Reported : 25-Nov-2023 / 14:33

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE

<u>PARAMETER</u>	<u>RESULTS</u>	<u>BIOLOGICAL REF RANGE</u>	<u>METHOD</u>
GLUCOSE (SUGAR) FASTING, Fluoride Plasma	84.6	Non-Diabetic: < 100 mg/dl Impaired Fasting Glucose: 100-125 mg/dl Diabetic: >/= 126 mg/dl	Hexokinase
GLUCOSE (SUGAR) PP, Fluoride Plasma PP/R	82.9	Non-Diabetic: < 140 mg/dl Impaired Glucose Tolerance: 140-199 mg/dl Diabetic: >/= 200 mg/dl	Hexokinase
BILIRUBIN (TOTAL), Serum	0.46	0.3-1.2 mg/dl	Vanadate oxidation
BILIRUBIN (DIRECT), Serum	0.17	0-0.3 mg/dl	Vanadate oxidation
BILIRUBIN (INDIRECT), Serum	0.29	<1.2 mg/dl	Calculated
TOTAL PROTEINS, Serum	6.9	5.7-8.2 g/dL	Biuret
ALBUMIN, Serum	4.6	3.2-4.8 g/dL	BCG
GLOBULIN, Serum	2.3	2.3-3.5 g/dL	Calculated
A/G RATIO, Serum	2	1 - 2	Calculated
SGOT (AST), Serum	26.4	<34 U/L	Modified IFCC
SGPT (ALT), Serum	37.4	10-49 U/L	Modified IFCC
GAMMA GT, Serum	17.9	<73 U/L	Modified IFCC
ALKALINE PHOSPHATASE, Serum	67.7	46-116 U/L	Modified IFCC
BLOOD UREA, Serum	19.4	19.29-49.28 mg/dl	Calculated
BUN, Serum	9.1	9.0-23.0 mg/dl	Urease with GLDH
CREATININE, Serum	0.83	0.73-1.18 mg/dl	Enzymatic

Note: Kindly note in change in reference range w.e.f. 07-09-2023



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Reported : 25-Nov-2023 / 16:44

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eGFR, Serum	120	(ml/min/1.73sqm)	Calculated
		Normal or High: Above 90	
		Mild decrease: 60-89	
		Mild to moderate decrease: 45-59	
		Moderate to severe decrease: 30-44	
		Severe decrease: 15-29	
		Kidney failure: <15	

Note: eGFR estimation is calculated using 2021 CKD-EPI GFR equation w.e.f 16-08-2023

URIC ACID, Serum	5.3	3.7-9.2 mg/dl	Uricase/ Peroxidase
Urine Sugar (Fasting)	Absent	Absent	
Urine Ketones (Fasting)	Absent	Absent	
Urine Sugar (PP)	Absent	Absent	
Urine Ketones (PP)	Absent	Absent	

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West
*** End Of Report ***



MC-2111

Bm haskar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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Collected : 25-Nov-2023 / 08:37
Reported : 25-Nov-2023 / 13:31

AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
GLYCOSYLATED HEMOGLOBIN (HbA1c)

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Glycosylated Hemoglobin (HbA1c), EDTA WB - CC	5.3	Non-Diabetic Level: < 5.7 % Prediabetic Level: 5.7-6.4 % Diabetic Level: >= 6.5 %	HPLC
Estimated Average Glucose (eAG), EDTA WB - CC	105.4	mg/dl	Calculated

Intended use:

- In patients who are meeting treatment goals, HbA1c test should be performed at least 2 times a year
- In patients whose therapy has changed or who are not meeting glycemic goals, it should be performed quarterly
- For microvascular disease prevention, the HbA1C goal for non pregnant adults in general is Less than 7%.

Clinical Significance:

- HbA1c, Glycosylated hemoglobin or glycated hemoglobin, is hemoglobin with glucose molecule attached to it.
- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of glycosylated hemoglobin in the blood.

Test Interpretation:

- The HbA1c test evaluates the average amount of glucose in the blood over the last 2 to 3 months by measuring the percentage of Glycosylated hemoglobin in the blood.
- HbA1c test may be used to screen for and diagnose diabetes or risk of developing diabetes.
- To monitor compliance and long term blood glucose level control in patients with diabetes.
- Index of diabetic control, predicting development and progression of diabetic micro vascular complications.

Factors affecting HbA1c results:

Increased in: High fetal hemoglobin, Chronic renal failure, Iron deficiency anemia, Splenectomy, Increased serum triglycerides, Alcohol ingestion, Lead/opiate poisoning and Salicylate treatment.

Decreased in: Shortened RBC lifespan (Hemolytic anemia, blood loss), following transfusions, pregnancy, ingestion of large amount of Vitamin E or Vitamin C and Hemoglobinopathies

Reflex tests: Blood glucose levels, CGM (Continuous Glucose monitoring)

References: ADA recommendations, AACC, Wallach's interpretation of diagnostic tests 10th edition.

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD Borivali Lab, Borivali West

*** End Of Report ***



Bmhasakar

Dr.KETAKI MHASKAR
M.D. (PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
URINE EXAMINATION REPORT

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
PHYSICAL EXAMINATION			
Color	Pale Yellow	Pale Yellow	-
Reaction (pH)	7.0	4.5 - 8.0	Chemical Indicator
Specific Gravity	1.005	1.001-1.030	Chemical Indicator
Transparency	clear	Clear	-
Volume (ml)	20	-	-
CHEMICAL EXAMINATION			
Proteins	Absent	Absent	pH Indicator
Glucose	Absent	Absent	GOD-POD
Ketones	Absent	Absent	Legals Test
Blood	Absent	Absent	Peroxidase
Bilirubin	Absent	Absent	Diazonium Salt
Urobilinogen	Normal	Normal	Diazonium Salt
Nitrite	Absent	Absent	Griess Test
MICROSCOPIC EXAMINATION			
Leukocytes(Pus cells)/hpf	1-2	0-5/hpf	
Red Blood Cells / hpf	Absent	0-2/hpf	
Epithelial Cells / hpf	0-1		
Casts	Absent	Absent	
Crystals	Absent	Absent	
Amorphous debris	Absent	Absent	
Bacteria / hpf	10-12	Less than 20/hpf	
Others	-		

Interpretation: The concentration values of Chemical analytes corresponding to the grading given in the report are as follows:

- Protein (1+ = 25 mg/dl , 2+ =75 mg/dl , 3+ = 150 mg/dl , 4+ = 500 mg/dl)
- Glucose(1+ = 50 mg/dl , 2+ =100 mg/dl , 3+ =300 mg/dl ,4+ =1000 mg/dl)
- Ketone (1+ =5 mg/dl , 2+ = 15 mg/dl , 3+= 50 mg/dl , 4+ = 150 mg/dl)

Reference: Pack inert

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



S. Sakhare

Dr.SUHAS SAKHARE
M.D. (PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
BLOOD GROUPING & Rh TYPING

<u>PARAMETER</u>	<u>RESULTS</u>
ABO GROUP	O
Rh TYPING	Positive

NOTE: Test performed by automated Erythrocytes magnetized technology (EMT) which is more sensitive than conventional methods.

Specimen: EDTA Whole Blood and/or serum

Clinical significance:
ABO system is most important of all blood group in transfusion medicine

Limitations:

- ABO blood group of new born is performed only by cell (forward) grouping because allo antibodies in cord blood are of maternal origin.
- Since A & B antigens are not fully developed at birth, both Anti-A & Anti-B antibodies appear after the first 4 to 6 months of life. As a result, weaker reactions may occur with red cells of newborns than of adults.
- Confirmation of newborn's blood group is indicated when A & B antigen expression and the isoagglutinins are fully developed at 2 to 4 years of age & remains constant throughout life.
- Cord blood is contaminated with Wharton's jelly that causes red cell aggregation leading to false positive result
- The Hh blood group also known as Oh or Bombay blood group is rare blood group type. The term Bombay is used to refer the phenotype that lacks normal expression of ABH antigens because of inheritance of hh genotype.

References:

1. Denise M Harmening, Modern Blood Banking and Transfusion Practices- 6th Edition 2012. F.A. Davis company. Philadelphia
2. AABB technical manual

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



Dr. Vrushi Shroff

Dr.VRUSHALI SHROFF
M.D.(PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
LIPID PROFILE

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
CHOLESTEROL, Serum	129.4	Desirable: <200 mg/dl Borderline High: 200-239mg/dl High: >/=240 mg/dl	CHOD-POD
TRIGLYCERIDES, Serum	106.0	Normal: <150 mg/dl Borderline-high: 150 - 199 mg/dl High: 200 - 499 mg/dl Very high:>/=500 mg/dl	Enzymatic colorimetric
HDL CHOLESTEROL, Serum	45.4	Desirable: >60 mg/dl Borderline: 40 - 60 mg/dl Low (High risk): <40 mg/dl	Elimination/ Catalase
NON HDL CHOLESTEROL, Serum	84.0	Desirable: <130 mg/dl Borderline-high:130 - 159 mg/dl High:160 - 189 mg/dl Very high: >/=190 mg/dl	Calculated
LDL CHOLESTEROL, Serum	62.8	Optimal: <100 mg/dl Near Optimal: 100 - 129 mg/dl Borderline High: 130 - 159 mg/dl High: 160 - 189 mg/dl Very High: >/= 190 mg/dl	Calculated
VLDL CHOLESTEROL, Serum	21.2	< /= 30 mg/dl	Calculated
CHOL / HDL CHOL RATIO, Serum	2.9	0-4.5 Ratio	Calculated
LDL CHOL / HDL CHOL RATIO, Serum	1.4	0-3.5 Ratio	Calculated

*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***



S. Sakhare
Dr.SUHAS SAKHARE
M.D. (PATH)
Pathologist



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AERFOCAMI HEALTHCARE BELOW 40 MALE/FEMALE
THYROID FUNCTION TESTS

PARAMETER	RESULTS	BIOLOGICAL REF RANGE	METHOD
Free T3, Serum	5.5	3.5-6.5 pmol/L	CLIA
Free T4, Serum	17.1	11.5-22.7 pmol/L	CLIA
sensitiveTSH, Serum	2.637	0.55-4.78 microIU/ml	CLIA

Interpretation:

A thyroid panel is used to evaluate thyroid function and/or help diagnose various thyroid disorders.

Clinical Significance:

- 1)TSH Values between high abnormal upto15 microIU/ml should be correlated clinically or repeat the test with new sample as physiological factors can give falsely high TSH.
- 2)TSH values may be transiently altered because of non thyroidal illness like severe infections,liver disease, renal and heart severe burns, trauma and surgery etc.

TSH	FT4 / T4	FT3 / T3	Interpretation
High	Normal	Normal	Subclinical hypothyroidism, poor compliance with thyroxine, drugs like amiodarone, Recovery phase of non-thyroidal illness, TSH Resistance.
High	Low	Low	Hypothyroidism, Autoimmune thyroiditis, post radio iodine Rx, post thyroidectomy, Anti thyroid drugs, tyrosine kinase inhibitors & amiodarone, amyloid deposits in thyroid, thyroid tumors & congenital hypothyroidism.
Low	High	High	Hyperthyroidism, Graves disease, toxic multinodular goiter, toxic adenoma, excess iodine or thyroxine intake, pregnancy related (hyperemesis gravidarum, hydatiform mole)
Low	Normal	Normal	Subclinical Hyperthyroidism, recent Rx for Hyperthyroidism, drugs like steroids & dopamine), Non thyroidal illness.
Low	Low	Low	Central Hypothyroidism, Non Thyroidal Illness, Recent Rx for Hyperthyroidism.
High	High	High	Interfering anti TPO antibodies, Drug interference: Amiodarone, Heparin, Beta Blockers, steroids & anti epileptics.

Diurnal Variation:TSH follows a diurnal rhythm and is at maximum between 2 am and 4 am , and is at a minimum between 6 pm and 10 pm. The variation is on the order of 50 to 206%. Biological variation:19.7%(with in subject variation)

Reflex Tests:Anti thyroid Antibodies,USG Thyroid ,TSH receptor Antibody. Thyroglobulin, Calcitonin

Limitations:

1. Samples should not be taken from patients receiving therapy with high biotin doses (i.e. >5 mg/day) until atleast 8 hours following the last biotin administration.
2. Patient samples may contain heterophilic antibodies that could react in immunoassays to give falsely elevated or depressed results. this assay is designed to minimize interference from heterophilic antibodies.

Reference:

- 1.O.koulouri et al. / Best Practice and Research clinical Endocrinology and Metabolism 27(2013)
- 2.Interpretation of the thyroid function tests, Dayan et al. THE LANCET . Vol 357
- 3.Tietz ,Text Book of Clinical Chemistry and Molecular Biology -5th Edition
- 4.Biological Variation:From principles to Practice-Callum G Fraser (AACC Press)



Anupa

Dr.ANUPA DIXIT
M.D.(PATH)
Consultant Pathologist & Lab Director



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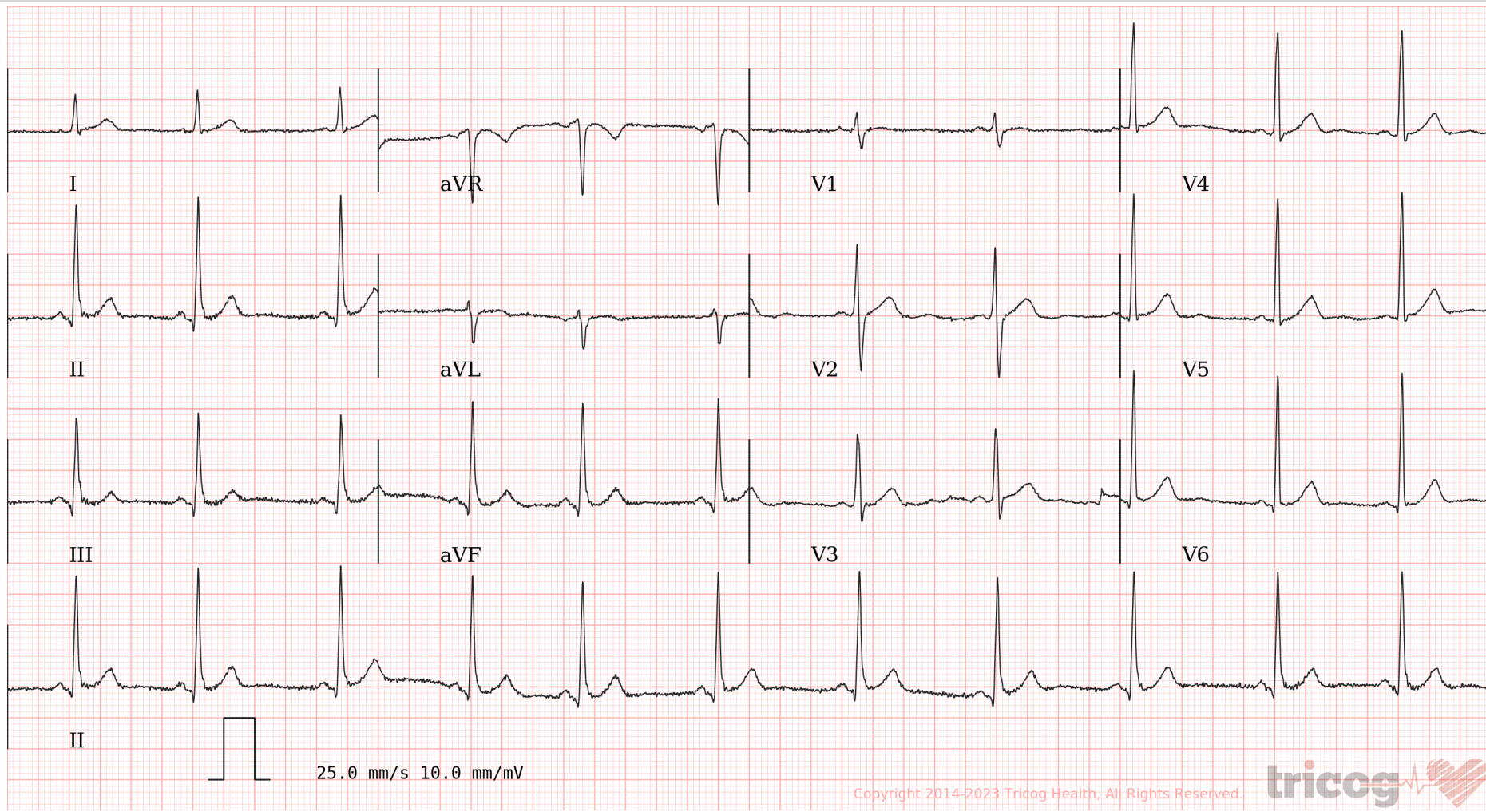
*Sample processed at SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD SDRL, Vidyavihar Lab
*** End Of Report ***

SUBURBAN DIAGNOSTICS - BHAYANDER EAST

Patient Name: DEEPESH SINGH

Date and Time: 25th Nov 23 10:06 AM

Patient ID: 2332920502



Age **31** NA NA
years months days

Gender **Male**

Heart Rate **70bpm**

Patient Vitals

BP: 110/80 mmHg
Weight: 64 kg
Height: 168 cm
Pulse: NA
Spo2: NA
Resp: NA
Others: _____

Measurements

QRSD: 96ms
QT: 342ms
QTcB: 369ms
PR: 118ms
P-R-T: 66° 71° 55°

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ECG Within Normal Limits: Sinus Rhythm, Normal axis. No significant ST-T changes. Please correlate clinically.

REPORTED BY

Dr. Smita Valani
MBBS, D. Cardiology
2011/03/0587



भारत सरकार
GOVERNMENT OF INDIA



Deepesh Singh
DOB: 06/10/1992
MALE
Mobile No: 9082988956

2889 1650 3507
VID : 9118 2154 6034 3674

MERA AADHAAR, MERI PEHCHAN

SUBURBAN DIGITAL SERVICES PRIVATE LIMITED.
Shree Krishna, 3rd Floor,
Kirti, Sector 14, Gurgaon, Haryana
Near Indraprastha Metro Station, Gurgaon, Road,
Gurgaon, Haryana - 122002
Phone : 022 - 61700000

DR. ANITA CHOUDHARY
M.D.(S)
CONSULTANT PHYSICIAN
Reg. No. 2017/12/5553

Name : Mr. DEEPESH SINGH
VID : 2332920502
Ref By : Arcofemi Healthcare Limited

Reg Date : 25-Nov-2023 08:31
Age/Gender : 31 Years
Regn Centre : Bhayander East (Main Centre)

History and Complaints:

No Complaint

EXAMINATION FINDINGS:

Height (cms):	168	Weight (kg):	64
Temp (0c):	Afebrile	Skin:	NAD
Blood Pressure (mm/hg):	110/80	Nails:	NAD
Pulse:	78/min	Lymph Node:	Not Palpable

Systems

Cardiovascular: S1S2-Normal

Respiratory: Chest-Clear

Genitourinary: NAD

GI System: NAD

CNS: NAD

(O+ve)

IMPRESSION:

CBC,
all WNL.

Bio chemistry, TMT, ECG,

ADVICE:

CHIEF COMPLAINTS:

- | | |
|--|----|
| 1) Hypertension: | No |
| 2) IHD | No |
| 3) Arrhythmia | No |
| 4) Diabetes Mellitus | No |
| 5) Tuberculosis | No |
| 6) Asthama | No |
| 7) Pulmonary Disease | No |
| 8) Thyroid/ Endocrine disorders | No |
| 9) Nervous disorders | No |
| 10) GI system | No |
| 11) Genital urinary disorder | No |
| 12) Rheumatic joint diseases or symptoms | No |
| 13) Blood disease or disorder | No |
| 14) Cancer/lump growth/cyst | No |
| 15) Congenital disease | No |
| 16) Surgeries | No |
| 17) Musculoskeletal System | No |

Name : Mr. DEEPESH SINGH
VID : 2332920502
Ref By : Arcofemi Healthcare Limited

Reg Date : 25-Nov-2023 08:31
Age/Gender : 31 Years
Regn Centre : Bhayander East (Main Centre)

PERSONAL HISTORY:

- 1) Alcohol No
- 2) Smoking No
- 3) Diet Vegetarian
- 4) Medication No

Anita

DR. ANITA CHOUDHARY
CONSULTANT PHYSICIAN
Reg. No. 251712/5553

SUBURBAN DIAGNOSTICS (I) PVT. LTD.
Shop No. 101-A, 1st Floor,
Kshiti Building, Above K. J. Road,
Near Thomas' Road, Vidyavihar Road,
Mira Road (East), Dist. Thane - 401 105
Phone : 022 - 61700000

Date:- 25/11/23
Name:- Deepesh Singh

CID: 2332920502
Sex / Age: B / 31

EYE CHECK UP

Chief complaints:

Systemic Diseases:

Past history:

Unaided Vision:

Aided Vision:

Refraction:



NO

RE LE

6/6 6/6

N/6 N/6

(Right Eye)

(Left Eye)

	Sph	Cyl	Axis	Vn	Sph	Cyl	Axis	Vn
Distance								
Near								

Colour Vision: Normal / Abnormal

Remark:

SUBURBAN DIAGNOSTICS (INDIA) PVT. LTD.
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 Kshiti Road, Vihar Road,
 Near Thunga Hospital, Mira-Dby. Road,
 Mira Road (East), Dist. Thane - 401 105
 Phone - 022 - 61700000

SUBURBAN DIGNOSTICS BHAYANDER

Email:

12346828 (9082988956) / DEEPESH SINGH / 31 Yrs / M / 164 Cms / 64 Kg
 Date: 25 / 11 / 2023 08:48:33 AM

Report

AGHPL

Stage	Time	Duration	Speed(mph)	Elevation	METS	Rate	% THR	BP	RPP	PVC	Comments
Supine	00:06	0:06	00.0	00.0	01.0	099	52 %	110/80	108	00	
Standing	00:10	0:04	00.0	00.0	01.0	099	52 %	110/80	108	00	
HV	00:13	0:03	00.0	00.0	01.0	099	52 %	110/80	108	00	
ExStart	00:16	0:03	01.7	10.0	01.1	094	50 %	110/80	103	00	
BRUCE Stage 1	03:16	3:00	01.7	10.0	04.7	131	69 %	110/80	144	00	
BRUCE Stage 2	06:16	3:00	02.5	12.0	07.1	148	78 %	130/80	192	00	
PeakEx	06:52	0:36	03.4	14.0	07.7	162	86 %	130/80	210	00	
Recovery	07:52	1:00	01.1	00.0	01.2	131	69 %	150/80	196	00	
Recovery	08:52	2:00	00.0	00.0	01.0	103	54 %	140/80	144	00	
Recovery	10:52	4:00	00.0	00.0	01.0	102	54 %	130/80	132	00	
Recovery	10:58	4:06	00.0	00.0	01.0	097	51 %	130/80	126	00	

FINDINGS :

Exercise Time : 06:36
 Initial HR (ExStrt) : 94 bpm 50% of Target 189
 Initial BP (ExStrt) : 110/80 (mm/Hg)
 Max WorkLoad Attained : 7.7 Fair response to induced stress
 Max ST Dep Lead & Avg ST Value : V4 & -1.5 mm in PeakEx
 Duke Treadmill Score : 06.6
 Test End Reasons : Test Complete

Max HR Attained 162 bpm 86% of Target 189
 Max BP Attained 150/80 (mm/Hg)

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 Mira Road (East), Dist. Thane - 401 105
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DR. SMITA VALANI
M.B.B.S., D. CARDIOLGY
 2011/03/0567

Smita Valani
 Doctor : DR. SMITA VALANI

AGHPL
2346828 / DEEPESH SINGH / 31 Yrs / M / 164 Cms / 64 Kg Date: 25 / 11 / 2023 08:48:33 AM

REPORT :

REASON FOR TERMINATION : TARGET HR ACHIEVED
 EXERCISE TOLERANCE : GOOD EFFORT TOLERANCE
 EXERCISE INDUCED ARRHYTHMIAS : NO ANGINA AND ANGINA EQUIVALENT
 NO SIGNIFICANT ST-T CHANGES DURING EXERCISE AND RECOVERY
 HAEMODYNAMIC RESPONSE : GOOD INOTROPIC RESPONSE
 CHRONOTROPIC RESPONSE : GOOD CHRONOTROPIC RESPONSE
 FINAL IMPRESSION : NEGATIVE FOR STRESS INDUCIBLE ISCHEMIA

DR. SMITA VALANI
 MBBS, D. CAR
 2011/03/0587

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Doctor : DR SMITA VALANI

AGNOSTICS BHAYANDER

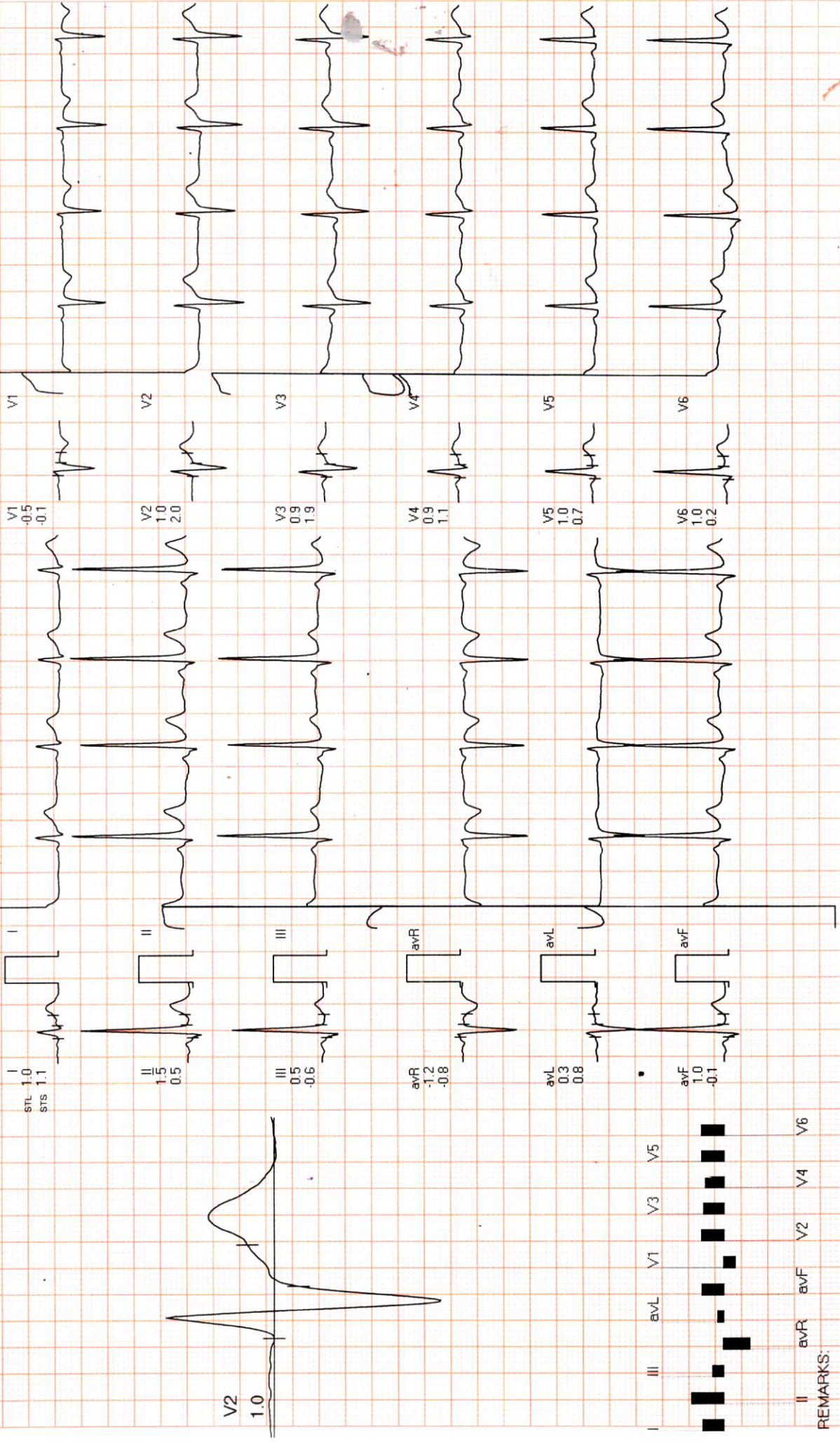
8 (9082988956) / DEEPESH SINGH / 31 Yrs / M / 164 Cms / 64 Kg / HR : 99

SUPINE (00:01)

Date: 25/11/2023 08:48:33 AM METS: 1.0/99 bpm 52% of THR BP: 110/80 mmHg P_{raw} ECG/BLC On/ Natch On/ HF 0.05 Hz/LF 35 Hz

ExTime: 00:00 0.0 mph, 0.0%
25 mm/Sec. 1.0 Cm/mV

4X 80 mS Post J



REMARKS:

CID : 2332920502
Name : Mr DEEPESH SINGH
Age / Sex : 31 Years/Male
Ref. Dr :
Reg. Location : Bhayander East Main Centre

Use a QR Code Scanner
Application To Scan the Code
Reg. Date : 25-Nov-2023
Reported : 29-Dec-2023 / 9:48

USG WHOLE ABDOMEN

LIVER:

The liver is normal in (13.0 cm) size, shape and shows smooth margins. It shows normal parenchymal echotexture. The intra hepatic biliary and portal radicals appear normal. No evidence of any intra hepatic cystic or solid lesion seen. The main portal vein appears normal.

GALL BLADDER:

The gall bladder is folded and physiologically distended. Neck region is not well visualised. Gall bladder wall appears normal. No evidence of calculus or mass lesions seen in the visualised lumen.

COMMON BILE DUCT:

The visualized common bile duct is normal in calibre. Terminal common bile duct is obscured due to bowel gas artefacts.

PANCREAS:

The pancreas is well visualised and appears normal. No evidence of solid or cystic mass lesion.

KIDNEYS:

Right kidney measures 9.5 x 4.5 cm. Left kidney measures 10.0 x 4.5 cm. Both the kidneys are normal in size, shape, position and echotexture. Corticomedullary differentiation is well maintained. Pelvicalyceal system is normal. No evidence of any calculus, hydronephrosis or mass lesion seen on both sides.

SPLEEN:

The spleen is normal in size (11.0 cm) and echotexture. No evidence of focal lesion is noted.

URINARY BLADDER:

The urinary bladder is well distended and reveals no intraluminal abnormality. Bladder wall appears normal. No obvious calculus or mass lesion made out in the lumen.

Click here to view images <<ImageLink>>

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Age / Sex : 31 Years/Male
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PROSTATE:

The prostate is normal in size 4.4 x 2.7 x 2.6 cm and weighs 16.0 gms. It shows normal parenchymal echotexture. No obvious calcification or mass lesion made out.

There is no evidence of any lymphadenopathy or ascites.

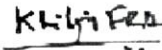
IMPRESSION:

- No other significant abnormality detected.

Kindly correlate clinically.

Investigations have their limitation. Solitary pathological/Radiological & other investigations never confirm the final diagnosis. They only help in diagnosing the disease in correlation to clinical symptoms & other related tests. Please interpret accordingly.

-----End of Report-----



Dr.FAIZUR KHILJI
MBBS,RADIO DIAGNOSIS
Reg No-74850
Consultant Radiologist

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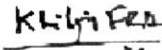
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